## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1-15, 2008.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

RECEIVED

Division:

Street2:
County: Alamada

Fax Number:

\* Country: JNITED ST

Department:

· City: Berkeley

\* Phone Number: :(510)643-2155

" Street1:

Province:

Earth & Planetary Science

FEB - 1 2008

STATE CLEARING HOUSE

OMB Number: 4040-0001 Expiration Date: 04/30/2008

\* State: 'CA: Californ

\* Email: |banfleid@berkeley.edu

2IP / Postal Code: 94720

02/01/2008 23:42 5106428236 SPONSORED PROJECTS PAGE 03/03

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

IO. ESTIMATE	D PROJECT FUNDING				17.		APPLICATION S ER 12372 PROC			EVIE	W BY ST	TATE EXE	CUTIVE
	ted Project Funding	541,148.00 541,148.00			a. \	YES	THIS PREAF AVAILABLE PROCESS F	TO TH	IE STATE	EXE			
c. * Estimated Pi	ooram Income	0.00			l	ATE:	02/01/2008						
	Ž			• • •	· '  6. 1	NO	PROGRAMI	S NO	COVER	ED B	Y E.O. 1	2372; OR	
							PROGRAM F	HAS N	OT BEE!	N SEL	ECTED.	BY STAT	E FOR
* The list of cu	vii, or administrative  vii agree  riffications and assurances,  Representative							nnound	ement or a	goncy	spacific ir	nstructions.	
	Irst Name:		Mid	dle Nar	me:		•	* Lașt	Name:				Suffix:
Pa	tricia							Cates					
* Position/Title:	Assistant Director, Fed	Jeral Project	s	• Orga	nization:	The F	Regents of the Ur	niversi	ty of Call	ornla			
Dapartment:	Sponsored Projects Of	fice		Divisio	n:						j		
1 04	2150 Shalluck Ave. Su	ite 313		Street	2:						· ·		
Street1:			~	Alam	eda			"	* State:	CA:	Califor		
	Эу		County										
City: Berkel	ey .		County:	l	JNITED S	T	* ZIP / Postal Co	ode:	94704-59	40			
				ıntry;		<u> </u>	* ZIP / Postal Co	۱.,			ants_gov	v@lists.be	rkeley.adu
City: Berkeli Province:	: (510)842-8109	zed Repres	Col Fax Nu	intry; imber:	JNITED S	<u> </u>	* ZIP / Postal Co	۱.,	nall: SF	20_gr	•	v@lists.ba	rkeley.adu
City: Berkel		•	Fax Nu	intry; imber:	JNITED S	<u> </u>		] • Eı		PO_gr	ned		rkeley.adu
* City: Berkeli Province:   * Phone Numbe	: (510)842-8109 * Signature of Author Completed on submis	•	Fax Nu	intry; imber:	JNITED S	<u> </u>	Cor	nplete	nall:  SF	PO_gr	ned		rkeley.edu

OMB Number: 4040-0001

Prefix: Middle Name: \* Last Name: Suffix: Ram \$eshadri Position/Title: Professor \* Organization Name: The Regents of the University of California Department: Materials Research Laboratory Division: Vice Chancellor for Research \* Street1: Mall Code 5121 Street2: University of California \* City: Santa Barbara County: Santa Barbara State: | CA: Califori Province: \* Country: JNITED ST \*ZIF / Postal Code: 93106-5121 \* Phone Number: 6058936129 Fax Number: 8058938797 \* Emeil: |seshadri@mrl.ucsb.edu

SF 424 (R&R) APP. Page 2 JION FOR FEDERAL ASSISTANCE 16. ESTIMATED PROJECT FUNDING 17. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES 🔽 THIS PREAPPLICATION/APPLICATION WAS MADE s. \* Total Estimated Project Funding 1,113,580.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. \* Total Federal & Non-Federal Funds 1,113,580.00 DATE: 01/29/2008 c. 'Estimated Program Income 00.00 b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR 18. By signing this application, I certify (1) to the statements contained in the list of certifications, and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to oriminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) √ \* | agree \* The list of certifications and escurances, or an intomet eite where you may obtain this list, is contained in the ennouncement or egency specific instructions. 19. Authorized Representative Prefix: " First Name: Sufflx: Middle Name: \* Last Name. Egan-Williams Сага Position/Title: Sponsored Projects Officer Organization; The Regents of the University of California Department: Office of Research Division: Vice Chancellor for Research \* Street1: 3227 Cheadle Hall Street2: University of California \* City: Santa Barbara County: Santa Barbara CA: Califori " State: JNITED ST Province: Country: " ZIP / Postal Code: 93106-2050 \* Phone Number: |8058938809 \* Email: proposals@research.ucsb.edu 8058932611 Fax Number: \* Signature of Authorized Representative " Date Signed Completed on submission to Grants.gov Completed on submission to Grants.gov 20. Pre-application :Add Atlachment 21. Attach an additional list of Project Congressional Districts if needed. Add Attachment

Cara Egan-Williams
Sponsored Projects Officer

OMB Number: 4040-0001

							OMB Approval No. 0348-004		
ATPLICATION I FEDERAL ASSIS		CE .		2. DATE SUBMITTED 1/31/08	1	Ap	plicant Identifier		
1. 1 YPE OF SUBMISSIO				3. DATE RECEIVED B	Y STATE	Sta	te Application Identifier		
Application	.,,	Preapplication		S. DATE RECEIVED B	TSIAIL		te Application Identifici		
<b>⊠</b> Construction		☐ Construction							
□ Non-Construction		□ Non-Construction							
T A DRIVE AND INCOME	1 TYON			4. DATE RECEIVED B	Y FEDERAL	AGENCY  Fed	leral Identifier		
5. APPLICANT INFORM	ATION	_		Overwinstlemel Timite		*			
Legal Name Los Angeles County	Metropo	litan Transportation	Anthority	Organizational Unit: Programming	& Dollar	Analysis			
Address (give city, state, an	_		<u> </u>				ed on matters involving this application (give		
One Gateway	Plaza			ureu coue)					
Los Angeles, California 90012-2952				Kathy Banh (213) 922-763	Kathy Banh (213) 922-7635				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975				7. TYPE OF APPLICA	NT: (enter ap	ppropriate letter in l	box) N		
8. TYPE OF APPLICATION				A State H	Independent	School Dist.			
		Revision - A (Incre	ase of Award)	C Municipal J D Township K	Private Unit Indian Trib Individual	e	Higher Learning		
If Revision, enter appropri	Decrease		ration	G Special District					
D Decrease Duration (				State Chartered Transit District 9. NAME OF FEDERAL AGENCY:					
				Federal Trans					
40 CATALOG OF FEDERAL		MESTIC 20 - 5	00	11. DESCRIPTIVE TIT			CT:		
10. CATALOG OF FEDER		MESTIC 2U - 5	00	1991 12			The state of the s		
TITLE 49 U.S.C		9		Metro Orange Li	ine Irrigat	ion & Landsca	RECEIVED		
12. AREAS AFFECTED B	Y PROJE	ECT (cities, counties, stat	es, etc.)						
San Fernando Val	ley, City	y of Los Angeles, L	os Angeles County				FEB - 4 2008		
13. PROPOSED PROJECT	г	14. CONGRESSIONA	DISTRICTS OF				STATE CLEARING HOUSE		
Start Date		Ending Date				b. Project	I STATE OLL THE		
7/01/05		06/30/06	a. Applicant  Districts 25 – 3	9, 42, 46		Districts 2	7 and 28		
				.,,		Districts	, and 20		
15 ECTIMATED ELIMINA			16 15 A PPH 16 A THO	N CUD IECT TO DEVIE	N DN COLUM	PARCHERIA O	DDDD 14455 DDOGESSS		
15. ESTIMATED FUNDIN		(53,000,00	<del></del>	N SUBJECT TO REVIE					
a Federal	\$	652,080.00		REAPPLICATION APPL 372 PROCESS FOR REV		VAS MADE AVAI	LABLE TO THE STATE EXECUTIVE		
	1			-,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			DATE	31/08					
			NO   T   NO	o on the solven collect	200 my n 0	10000			
			b NO ☐ PRO	OGRAM IS NOT COVE	KED BA E O	12372			
			□ OR I	PROGRAM HAS NOT B	FEN SELEC	TED BY STATE E	OR REVIEW		
b Applicant	\$	.00		Orani mio noi bi		OIRIEI			
c State	\$	.00							
d Local	\$	163,020.00							
e Other	\$	.00							
f Program Income	\$	.00	17. IS THE APPLIC	ANT DELINQUENT ON	ANY FEDE	RAL DEBT?			
1 Togram Income	4	.00	17. 10 1112 111 1210						
			☐ Yes If "Y	es" attach an explanation	$\times$ N	lo			
g TOTAL	\$	652,080.00							
18. TO THE BEST OF MY KN GOVERNING BODY OF THE							ENT HAS BEEN DULY AUTHORIZED BY THE DED		
a Typed Name of Authorize	d Represe	entative		CONTRACTOR OF THE PROPERTY OF THE	b Title		c Telephone number		
a Typed Name of Authorize	a Kepres	emanye			Director		c retephone number		
GLADYS LOWE						ogram Manageme	nt (213) 922-2459		
d. Signature of Authorized		tative			e. Date Sign	ed	- Control of the state		
Manu.					1/30	1/08			
					' '				

APPLICATION FOR	-	2. DATE SUBMITTED		Applicant Ide	Version 7/03
FEDERAL ASSISTANCE		January 17, 2008			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B January 17, 2008	BY STATE	State Application Identifier	
Construction	Construction		BY FEDERAL AGENCY	Federal Ident	ifier
Non-Construction	Non-Construction				¥
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
STATE OF CALIFORNIA			Department:	ADICO AND DE	CODEATION
Organizational DUNS:			DEPARTMENT OF P	ARKS AND RE	CREATION
172070807	De la como	- 13. 4 ppm pp	OFFICE OF HISTOR		1.1.2
Address: Street:	RECE	IVED	involving this applic		erson to be contacted on matters ea code)
P.O. BOX 942896		4 2008	Prefix: MR.	First Name: John	
City: SACRAMENTO	- FEB V	4 2000	Middle Name RAYMOND		
County:	STATE CLEAR	RING HOUSE	Last Name Thomas		
SACRAMENTO State:	Zip Code		Suffix:		
CA Country:	94296-0001		Email:		
USA '	N NIIMPED /E/M/)		jthomas@parks.ca.go Phone Number (give a		Eav Number (sing area
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN).		916-653-9125	rea code)	Fax Number (give area code) 916-653-9824
9 4 - 6 0 0 1 3 4 7 8. TYPE OF APPLICATION:			200	ANT: /See has	sk of form for Application Types)
V New	Continuation	Revision		ANT. (See Dad	ak of form for Application Types)
If Revision, enter appropriate lette	er(s) in box(es)	1 Jan Revision	A. State		
(See back of form for description	or letters.)		Other (specify)		
Other (specify)			<ol><li>NAME OF FEDERA National Park Service</li></ol>		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): Historic Preservation Fund		15-904	FROM HISTORIC PR RELATED TO THE R	RESERVATION EQUIREMENT	EDERAL YEAR 08 (60/40) GRANT FUND FOR ACTIVITIES 'S OF THE NATIONAL HISTORIC
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties	, States, etc.):	PRESERVATION AC	Т.	
STATEWIDE			Fiscal Year 2008		
13. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS	
Start Date:   10/01/2007	Ending Date: 09/30/2008		a. Applicant APPLICANT		b. Project SEE #11 ABOVE
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE
a. Federal \$	The second secon	1,170,784	THIS PRE	APPLICATION	J/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		.00		S FOR REVIEW	
c. State \$		uo	DATE:		
d. Local \$	Annual designation of the second seco	653,371	 b. No. 🌐 PROGRA	M IS NOT COV	/ERED BY E. O. 12372
e. Other \$		78,699		GRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$		48,491	FOR REV		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		00			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
18. TO THE BEST OF MY KNOW	W EDGE AND BELLEF	1,951,345	Yes If "Yes" attach		
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF			
a. Authorized Representative Prefix MR.	First Name MILFORD	-	Middle WAYN	Name	· · · · · · · · · · · · · · · · · · ·
Last Name	MILLOND	11	Suffix	VL	
DONALDSON b. Title	1	111		phone Number	(give area code)
STATE HISTORIC PRESERVAT d. Signature of Authorized Repres		++1	916- <u>65</u>	3-6624 Signed	,
	wayn	dilla	e. Date	Signed 18	JAH 2008 Standard Form 424 (Pay 0 2002)
Authorized for Local Reproduction	1			ž.	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

OMB Number; 4040-0002

APPLICATION FOR FEDERA	AL ASSISTANCE SF-424 - MAN	DATORY	Version 01.1				
* 1.a. Type of Submission:	* 1.b. Frequency:	* 1.d. Version:					
★ Application	<b>⋉</b> Annual	▼ Initial	Revision Dupdate				
Plan	Quarterly	* 2. Date Received:	STATE USE ONLY:				
Funding Request	Other	Completed by Grants.gov upon aubmission.					
Other	Grief	3. Applicant Identifier:	5. Date Received by State:				
Other (specify)	* Other (specify)		·				
Other (specify)	Other (specify)		6. State Application Identifier:				
		4a. Foderal Entity Identifier:					
		4b, Federal Award Identifier:					
1.c. Consolidated Application/Plan		26					
Yes No X Explanat	ion;	210 31 a 100 6 40 21 a 100 100 4					
7. APPLICANT INFORMATION:							
* a. Legal Name:							
Able-Disabled Advocacy, Inc		T					
* b. Employer/Taxpayor Identification	on Number (EIN/TIN):	* c. Organizational DUNS:					
95-3031,682		080922750					
d. Address:		1115	Elven				
Street1:		Street2:	O LO				
2850 Sixth Avenue, Suite 31:	1.	Street2:  FEB 0 5 2008  County:  San Diego					
* City:		County: Total E CLEA	RING				
San Diego		San Diego	TOUSE				
- State:		Province:					
CA: Cal	Lifornia						
* Country:		* Zlp / Postel Code:					
עפא: מואט	TED STATES	92103-6314					
e. Organizational Unit;							
Department Name:		Division Name:					
f. Name and contact information of	person to be contacted on matters inv	olving this submission:					
Prefix; * First	t Name:	Middle Name;					
Ma. Elai.	ne						
* I_ast Name;		Suffix:					
Coolumis							
Title: Executive Director							
Organizational Affiliation:							
Significational Application:							
* Telephone Number		Fay Number					
* Telephone Number: (619) 231-5	990, ext. 319	Fax Number: (619) 231-2380					
* Email: adahired@yahoo.com			1/ 2/				

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY	Version 01.1
* Ba. TYPE OF APPLICANT:	
M: Nonprofit with 501C3 TRS Status (Other than Institution of Higher Education)	
* Other (specify):	
b. Additional Description:	
* 9. Name of Fodoral Agency:	
DOT/Foderal Transit Administration	
10. Catalog of Federal Domestic Assistance Number:	
20.514	
CFDA Title:	
Public Transportation Research	
11. Areas Affected by Funding:	
San Diego County, CA	
42 CONCRESSIONAL MOTRIATO OF	
12. CONGRESSIONAL DISTRICTS OF:	
* a. Applicant:  b. Program/Project:	
49 50,51	
Attach an additional list of Program/Project Congressional Districts If needed.	
Add Attachment Delete Attachment View Attachment	
13. FUNDING PERIOD:	
a. Start Date: b. End Date:	
06/30/2009	
14. ESTIMATED FUNDING:	
* a. Federal (\$): b. Match (\$):	
277,536.00	
* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?	
a. This submission was made available to the State under the Executive Order 12372 Process for review on:  02/05/2008	PRAME TO THE PARTY AND A ST. A
b. Program is subject to E.O. 12372 but has not been selected by State for review,	
c. Program is not covered by E.O. 12372.	

APPLICATION FOR FEDE	RAL ASSISTANCE SF-424 - MANDATORY	Version 01.1
* 16. Is The Applicant Delinquon	t On Any Federal Debt?	
	planation.	AR-PROPERTY.
are true, complete and accurate resulting terms if I accept an aw	certify (1) to the statements contained in the list of certifications** and (2) that the statements to the best of my knowledge. I also provide the required assurances** and agree to comply wit ard. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to penalties. (U.S. Code, Title 218, Section 1001)	herein h any
**   Agree 🔀		
"This list of certifications and ass instructions.	urances, or an internet site where you may obtain this list, is contained in the announcement or agenc	y specific
Authorized Representative:		
Préfix:	* First Name:	
Ms .	Elaine	
Middle Name:		
Last Name:		
Cooluris		
Suffix:	Title:	
	Executive Director	
Organizational Affiliation:		
Telephone Number:		· · · · · · · · · · · · · · · · · · ·
(619) 231-5990, ext. 319		
* Fax Number:		
(619) 231-2380		
* Email:		
adahired@yahoo.com		
* Signature of Authorized Represc	ntative:	X
Completed by Grants.gov upon su	ibmission.	
* Date Signed:		
Completed by Grants.gov upon su	bmlssion.	
Attach supporting documents as sp	pecified in agency instructions.	
Add Attachments Delete A	ttachments View Attachments	

					Version 7/03
APPLICATION FOR		2. DATE SUBMITTE	D	Applicant Idontifier	
FEDERAL ASSISTANCE					
1. TYPE OF		3. DATE RECEIVED	BY STATE	State Application Identifier	- "-
SUBMISSION:	Pre-application	5.2	5.0		
Application					
G 6	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier	
☐ Construction  Non-Construction	Non- Construction				
5. APPLICANT INFORMAT		<u> </u>		<u> </u>	
Legal Name:			Organizational Unit:		
0.25-			Department:		
SIERRA ECONOMIC DI	EVELOPMENT COR	PORATION	I Bit de le constitue de la co		
Organizational DUNS;	08-885-6885	-	Division:		
Address;		DEC	Name and telephone nun	ber of person to be contacted o	n matters
	<u></u>	RECEIVE	Hovolving this application	(give area code)	
Street:	i	OLIVE	Frefix:	First Name:	
560 WALL STREET,	STE E	FER 0 6 2000		BRENT	
City:	, <u> </u>	FER 0 6 2008	Middle Namo:		
AUBURN	lor.	A *****			
County:	1017	ATE CLEANING HOL	Las Name:		
PLACER	***************************************	1100	SE SMITH		
State: CA	Zıp Code:	5600	Suffix:		
Country:	9	5603	Email:		
USA			brent@sodd.org		
6. EMPLOYER IDENTIFICA	TION NUMBER (CIN)	):	Phone Number (give area	code) Fax Number (give a	rca code)
04.4705040			(500) 250 (700	(500) 000 4440	
94-1705043 8. TYPE OF APPLICATION		• • • • • • • • • • • • • • • • • • • •	(530) 823-4703	(530) 823-4142 (See back of form for Application	
□ Ne	The state of the s	n 🗆 Rovision	7. THE OF APPLICAN	. (See back of form for Applicati	on Types)
If Revision, enter appropriate					
(See back of form for descrip	otion of letters.)		Ĭ		
Other ( specify)			Other (energy) C'DD		
Office ( specify)			Other (specify) <u>EDD</u>		
			9. NAME OF FEDERAL	GENCY;	
	,			MENT ADMINISTRATION	
10 CATALOG OF FEDERAL	DOMESTIC ASSIST	ANCE NUMBER:	11. DESCRIPTIVE YITLE	OF APPLICANT'S PROJECT:	
11-302	)				
TITLE (Name of Program):			ECONOMIC DEVELOPM	ENT PLANNING PROGRAM wil	th option of
			second lovel funding.		
12. AREAS AFFECTED BY					
EL DORADO, NEVADA, PLA 13. PROPOSED PROJECT	CER & SIERRA COL	JNTES	14. CONGRESSIONAL D	ETRICTE OF	
Start Date:	Ending Date	):	a. Applicant	b. Project	
04/01/2008		03/31/2009	JOHN DOOLITTLE 4	JOHN DOOLITTI	.E 4
15. ESTIMATED FUNDING:				BJECT TO REVIEW BY STATE	EXECUTIVE
T			ORDER 12372 PROCES		
a. Federal \$ b. Applicant \$		Up to \$88,000		PLICATION/APPLICATION WA TE EXECUTIVE ORDER 12372	
c. State \$			FOR REVIEW ON	TE EXECUTIVE ORDER 12372	FRUCESS
d. Local \$		At least 88,000	DATE: 2/6/		
e. Other \$				S NOT COVERED BY E. O. 123	
			☐ OR PROGR FOR REVIEW	AM HAS NOT BEEN SELECTED	BY STATE
f. Program Income \$	<del></del>	· · ·		ELINQUENT ON ANY FEDERA	L DERT?
g. TOTAL \$	App	roximately \$176,000	Yes If "Yes" attach an	explanation.	
18, TO THE BEST OF MY K	NOWLEDGE AND BE	ELIEF, ALL DATA IN TH	IS APPLICATION/PREAPE	LICATION ARE TRUE AND CO	RRECT. THE
DOCUMENT HAS BEEN DU	LY AUTHORIZED BY	THE GOVERNING BO	DY OF THE APPLICANT A	ND THE APPLICANT WILL CO	NPLY WITH
THE ATTACHED ASSURANT  a. Authorized Representative	CES IF THE ASSISTA	ANCE IS AWARDED.			
	Name		Middle Name		
	BRENT		MINIONE MENTE		
Last Name		1	Suffix		
SMITH					
b. Titlo PRESIDENT / CE	0	P		mber (give area code)	
d. Signature of Authorized Re			c. Date Signed	823-4703	
		Month to	W. Sale Olyned	1/6/68	
Previous Edition Usable				Standard Form 424	(Rev. 9-2001)
Authorized for Local Reproducti	ЮЛ			Prescribed by OMB (	

APPLICATION FOR		2 DATE CUIDARITTED			Annlicent Iden	tifior	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	2/1/2008		Applicant Iden	uner	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE		State Applicati	ion Identifier	
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGE	ENCY	Federal Identif	fier	- Hurs
✓ Non-Construction	Non-Construction						
5. APPLICANT INFORMATION							
Legal Name:			Organizational Department:	al Unit:		- Interest	
Access Services, Inc. PO Box 7	1684 L.A. ———————————————————————————————————						
Organizational DUNS: 883300121			Division:				
Address: Street:						rson to be contacted	d on matters
PO Box 71684			Prefix:	Sapplica	ation (give area First Name: Gilbert	a code)	
City: Los Angeles, CA			Middle Name		Gilbert	, Marin	
County: Los Angeles, CA			Last Name Garza				
State: CA	Zip Code 90071		Suffix:				
Country: USA	00011		Email: garza@asila.d	ora			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Numbe		ea code)	Fax Number (give are	ea code)
	, , , , , , , , , , , , , , , , , , ,		213.270.6000		,	213.270.6048	,
9 5 4 4 8 9 7 1 1 8. TYPE OF APPLICATION:	- VANCOUNT			DDLICA	NT. (See back	of form for Application	an Types)
V New	Continuation	n T Revision	7. TIPE OF A	KEFLICA	INT. (See back	Of form for Application	on Types)
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es)	n Revision	Other (specify)				
Other (specify)			9. NAME OF F Federal Transi	FEDERA	L AGENCY:		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NIIMBER:				ANT'S PROJECT:	
IV. OATALOG OF TEDLICAL D	OMESTIC ASSISTANCE	E IAOIAIDEIX.	TI. BEGORII				
TITLE (Name of Program):		NOTES.			FEB	0 7 2008	
12. AREAS AFFECTED BY PRO	DIECT (Citios Counties	States etc.	4				
12. ANEAS AITEOTED BY THE	DOLOT (Chies, Counties,	, States, etc.).			STATE CLE	ARING HOUSE	
13. PROPOSED PROJECT		Martin Committee	14. CONGRES	SSIONA	L DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant			b. Project	
7/1/2008 15. ESTIMATED FUNDING:	6/30/2009		21-47	ATION		21-47 REVIEW BY STATE	EVECUTIVE
		THE STATE OF THE S	<b>ORDER 12372</b>	PROCE	SS?		
a. Federal \$		53,100,000				APPLICATION WAS TE EXECUTIVE OR	
b. Applicant \$	_	.00			FOR REVIEW		DEIX 12072
c. State \$		00	DA	ATE:			
d. Local \$		6,879,667	b. No. MPF	ROGRAN	IS NOT COV	ERED BY E. O. 1237	2
e. Other \$		00	Fig OF	R PROG		BEEN SELECTED	BY STATE
f. Program Income \$		. 00				NT ON ANY FEDERA	L DEBT?
g. TOTAL \$		59,979,667	Yes If "Yes	attach	an explanation	. 🗸 No	
18. TO THE BEST OF MY KNOW		ALL DATA IN THIS APP					
ATTACHED ASSURANCES IF T							
a. Authorized Representative Prefix	First Name			Middle N	Name		
1000	Gilbert			Petroconarinatir soo	variic		
Last Name Garza				Suffix			
o. Title Grants Analyst				c. Telep 213.270	hone Number ( ).6000	give area code)	
d. Signature of Authorized Repres	entative	The state of the s		e. Date 2/1/08			-
Previous Edition Usable	-			1		Standard Form 424	

02/08/08

10:40

Pg: 3/6

Application for	Federal Assis	tance SF-424		Version 02
* 1, Type of Submiss      Preapplication    \subseteq   Application    Changed/Corrects		* 2. Type of Application:    V   New      "   Continuation      Revision	If Revision, select appropriated appropriate	te letter(s):
* 3. Date Received:	upon submission.	4. Applicant Identifier:		
5a, Federal Entity Ide	entifier:	* 680	- 5b. Federal Award Identi	iffer:
State Use Only:				
6. Date Received by	State:	7. State Application	n Identifier:	
8. APPLICANT INFO	RMATION:			
*a. Legal Name: Pa	alos Verdes Penin	sula Unified School District		
* b. Employer/Taxpay	ver Identification N	umber (EIN/TIN):	* c. Organizational DUNS	S:
d. Address:				
* Street1: Street2: * City; County: * State: Province: * Country:	Palos Verdes Est Los Angeles	lates	CA; California	FEB - 8 2008 STATE CLEARING HOUSE
* Zip / Postal Code:	90274			
o. Organizational U	nit:			
Department Name:			Division Name:  FVPUSD District Office	
Preflx: Mrs. Middle Name: Louis * Last Name: Oude Suffix:	e ga pecial Assignment		,	incation.
* Yelephone Number:	310-378-9966 x2	35	Fax Number:	310-791-2919
ļ	ovpusd.k12.ca.us			

02/08/08 10:40 Pg: 4/6

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
G: Independent School District	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
Ciner (specify).	
* 10. Name of Federal Agency:	
U.S. Department of Education	
11. Catalog of Federal Domestic Assistance Number:	
84,184	
CFDA Title:	
Safe and Drug-Free Schools and Communities_National Programs	
* 12. Funding Opportunity Number:	
ED-GRANTS-010308-001	
Title:	
Grants To Reduce Alcohol Abuse CFDA 84.184A	
43 Compatible Hamiltonia Number	
13. Competition Identification Number:  84-184A2008-1	
Title:	
Title.	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Cities: Palos Verdes Estates, Rancho Palos Verdes, Rolling Hills, Rolling Hills Estates, and unincorporated county areas of the Palos Verdes Peninsula	
County: Los Angeles County	
State: California	
* 15. Descriptive Title of Applicant's Project:	
Reducing and Preventing Alcohol Abuse Among Secondary School Students in the Palos Verdes Peninsula Unified School District	
Attach supporting documents as specified in agency instructions,	
Add Attachments Defete Attachments Wew Attachments	

02/08/08

10:40

Pg: 5/6

Application	for Federal Assistan	ce SF-424			Version 02
16. Congressio	onal Districts Of:				•
a. Applicant	46		* b. Program/	Project 46	
Attach an additi	ional list of Program/Project (	Congressional Districts if ne	eded.		
		Add Attachment			
17. Proposed F	Project:				
* a. Start Date:	09/01/2008		* b. En	nd Date: 06/30	/2011
18. Estimated I	Funding (\$):		-		
* a. Federal		425,000.00	,~	ſ	
* b. Applicant					RECEIVED
* c. State					FFB - \$ 2008
* d. Local					ILD 6 5000
e. Other					STATE CLEARING HOUSE
* f. Program Inc	ome			Į.	THE PROPERTY AND ACTURATED STATES OF THE PROPERTY OF THE PROPE
g. TOTAL		425,000.00			
* 20. Is the App   Yes 21. *By signing herein are true comply with armay subject me   Y ** I AGREE	e, complete and accurate to my resulting terms if I acce e to criminal, civil, or adm	Federal Debt? (If "Yes", p	provide explanation.)  ained in the list of cortifications of the regulation of the	red assurance fraudulent sta 001)	s" and agree to tements or claims
specific instructi		or all illiamor one illiamore year	o may quiam una nat, la comu	med in the dime	oncoment or againsy
Authorized Rep	presentative:				
Prefix:	Mrs.	First Name:	Susan		
Middle Name:	Adams			,	
Last Name:	Liberati Ed.D.				
Suffix;					
* Title: Assista	ant Superintendent Curriculu	ım & İnstruc		_	
* Telephone Nun	mber: 310-378-9966 x261		Fax Number: 310-	791-2919	
* Email;   libers	etis@pvpusd.k12.ca.us				
* Signature of A	uthorized Representative:	Completed by Grants.gov upon suit	bmission. * Date Signed;	Completed by Grent	s gov upon submission.

(Package revised 12	2/23/03)	_				Version 7/03
APPLICATION I			2. DATE SUBMITTED	ıary 11, 2008	Applicant Ide	entifier -06-0087-FYI FFY2008
1. TYPE OF SUBMISS			3. DATE RECEIVED BY			ation Identifier
Application  Construction						
☐ Non-Construction	Preapplication  Constructi	ion	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Iden	ntifier
5. APPLICANT INFO	☐ Non-Cons	truction				
Legal Name:					Unit: Department o	f Airports
City of Fresno				Department: Ai	rports	
Organizational DUNS:	17-678-5079			Division: Proje	ects and Engir	neering
Address:						person to be contacted on
Street: 4995 East	Clinton Way			Prefix: <b>Mr.</b>	First Name:	ո (give area code) Kevin
City: Fresno				Middle Name:		
County: Fresno				Last Name: Me	ikle	
State: CA	Zip C	ode: <b>93727</b>		Suffix:		
Country: USA				Email: <b>Kevin.</b>	Vleikle@fresno	o.gov
	TIFICATION NUMBER	R (FIM)		Phone number (g		FAX number (give area code):
9 4 _ 6 8. TYPE OF APPLICAT	0 0 0 3 3				21-4536	559-498-5549
	ION:				MUNICIPAL ,	ck of form for Application Types)
Ne	w Continuation	Revision	on	Other (specify)		RECEIVED
If Revision, enter approp (See back of form for de	riate letter(s) in box(es): scription of letters)			, , ,	S.C. Carlotte	
Other (specify)						FEB 1 3 2008
					DERAL AGENCY	RYATE CLEARING HOUSE
10. CATALOG OF F	EDERAL DOMESTIC	ASSISTANCE	NUMBER	11. DESCRIPTI	VE TITLE OF APP	LICANT'S PROJECT:
	2	2 0 -	1 0 6			al Airport (FAT)
TITLE: AIRPORT IMPR	OVEMENT					Program Acoustically S5-75 CNEL Contours of the
PROGRAM (AIP)	·······			— NEM.	dences in the C	55-75 CNEL CONTOURS OF THE
Fresno County	ED BY PROJECT (citi	ies, counties, sta	ites, etc.):	, .,		
13. PROPOSED PR	OJECT			14. CONGRESSION	ONAL DISTRICTS	OF
Start Da			ing Date	a. Applicant		b. Project
9/200		9/	2011	21st 16. IS APPLICAT	ON SUBJECT TO	21st REVIEW BY STATE EXECUTIVE
			000 .00	ORDER 12372 PR	ROCESS	
a. Federal	\$	2,000	0,000			APPLICATION WAS MADE TE EXECUTIVE ORDER 12372
b. Applicant	\$	10	5,263 <sup>.00</sup>	PRO	CESS FOR REVIEW	ON
c. State	\$		.00	DAT	E: TBD	
d. Local	\$		.00	b. No. 🗆 PRO	GRAM IS NOT COVI	ERED BY E. O. 12372
e. Other	\$		.00	OR F		BEEN SELECTED BY STATE FOR
f. Program income	\$		.00			TON ANY FEDERAL DEBT?
g. TOTAL	\$	2,10	5,263 .00	Yes If "Yes" atta	•	⊠ No
DOCUMENT HAS BI	EEN DULY AUTHORIZ	AND BELIEF, ZED BY THE (	ALL DATA IN THI			RE TRUE AND CORRECT, THE ICANT WILL COMPLY WITH THE
a. Authorized Represen	ANCES IF THE ASSIS tative	HANCE IS AV	VARDED			
Prefix <b>Mr</b>		ne Russell			Middle Name C.	
Last Name Widma	<del></del>	//			Suffix AAE	
b. Title <b>Director o</b>	t Aviation	11/1	N/		c. Telephone num <b>559-621-4600</b>	nber (give area code)
d. Signature of Autho	rized Representative	11/2/11	1/1/1		e. Date Signed	1/1/10
	(1 / V/V)	4/1/1/1	UKI//		o. zato zigiloa	3//// OK
Previous Editions Not Us Authorized for Local Rep	sable	<u>WWW</u>	UAG		- Constitution of the cons	Standard Form 424 (Rev. 9-2003_) Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424 Version 02						
* 1, Type of Sul	* 1. Type of Submission: * 2. Type of Application: * If Revision, select appropriate letter(s):			):		
Preapplication	☐ Preapplication ☑ New					
✓ Application	Application Continuation * Other (Specify)					
Changed/Co	orrected Application	Revision				
* 3. Date Receiv		4. Applicant Identifier:				
Completed by Gran	ils.gov upan submission.		7	4.		
5a. Federal Ent	ty Identifier:		* 5b. Federal Award Identifier:			
State Use Only	v:					
		7 Chair Anniinnii	a Idealificati	1144		
6. Date Receive		7. State Applicatio	n Identifier.			
9. APPLICANT	INFORMATION:	•		RECEIVED		
* a. Legal Name	e: Access California S	ervices		N () O() ()		
* b. Employer/T	axpayer Identification N	lumber (EIN/TIN):	* c. Organizational DUNS:	FEB-1-3 2008		
33-0825205			148557619	STATE CLEARING HOUSE		
d. Address:						
" Street1:	2180 W Crescen	t ave, suite C		,		
StreetZ:				(E)		
* City:	Anaheim	Anaheim				
County:	Orange County	Orange County				
* Stale:		CA; California				
Province:				,		
* Country:						
* Zip / Postel Code: 92801						
e. Organization	nal Unit:			,		
Department Nan	ne:		Division Name:			
f. Name and co	entact information of	person to be contacted on	matters involving this application:			
Prefix:	Mrs.	* First Nam	ne: Nahla			
Middle Name:						
* Last Name:	Kayall	yall				
Suffix:						
Title: Executive	e Director		187			
Organizational A	Affiliation;	The second secon				
* Telephone Number: (714)917-0440 Fax Number: (714)917-0441						
* Email: nkayall@accesscal.org						

Application	for Federal Assist	ance SF-424			Version 02
16. Congressio	onal Districts Of:			le la	
* a. Applicant	CA-047		b. Progr	am/Project CA-047	
Attach an addit	ional list of Program/Proje	ect Congressional Districts If n	eeded.	11	
	W	Agg Attachment Dale	te Attachment View Altac	danerts	
17. Proposed I	Project:	**	· · · · · · · · · · · · · · · · · · ·	112	
* a. Start Date:	10/01/2008		* b	. End Date: 09/30/2009	
16. Estimated	Funding (\$):	· ·	-	A 71	
a. Federal		50,000.00		No.	
* b. Applicant		0.00		RECEIVED	
° c. State		0.00		TOLIVED	
'd. Local		0.00		FEB 1 3 2008	
e. Other		0.00		1	
* f. Program Inc	come	0.00		STATE CLEARING HOUSE	
g. TOTAL		50,000.00		and the same of th	,
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  Yes  No					
Authorized Rep		<del></del>			
	Mrs.	* First Name:	Nahia	iri -	
Middle Name:	,	-		· · · · · · · · · · · · · · · · · · ·	
	Kayali			A I Po	
Suffix:	17		· · · · · · · · · · · · · · · · · · ·	·	
* Title: Execut	ive Director				
Telephone Nun	nber: (714)917-0440		Fax Number: (1	714)917-0441	
* Email: nkaya	all@accesscal.org				
Signature of Authorized Representative: Completed by Grants.gov upon submission. Date Signed: Completed by Grants.gov upon submission.					

Application for Federal Assistance SF-424	Version 02			
9. Type of Applicant 1: Select Applicant Type:				
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)				
Type of Applicant 2: Select Applicant Type:	 			
Type of Applicant 3: Select Applicant Type: FEB 1 3 2008	_			
Other (specify):  STATE CLEARING HOUSE				
* 10. Name of Federal Agency:				
Administration for Children and Familles				
11. Catalog of Federal Domestic Assistance Number:  93.570  CFDA Title:  Community Services Block Grent_Discretionary Awards	]			
* 12. Funding Opportunity Number:	.,			
HHS-2008-ACF-OCS-ET-0086				
" Title;				
Community Services Block Grant (CSBG) Training and Technical Assistance (T/TA) Program: Earned Income Tax Credit (EITC) and Other Asset Formation Opportunities				
13. Competition Identification Number:				
Title:	_			
14. Areas Affected by Project (Cities, Counties, States, etc.):				
We serve all Southern Callfornia We are not limited to Orange county.Riverside,Los Angeles, San Bernandino and San Diego				
* 15. Descriptive Title of Applicant's Project:				
New Beginnings Program(view attachment)				
Attach supporting documents as specified in agency instructions.				
Add Attachmenta: Delete Attachmenta: Maw Attachmenta				

19163233018 ;

APPLICATION FOR		D DAME AUGUSTED		A   P   414.	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED February 11, 2008		Applicant Iden	litier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Applicati		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal identif	ler	
Non-Construction  5. APPLICANT INFORMATION	Non-Construction			_		
Legal Name:			Organizational Uni	l:		
City of South Lake Tahoe			Department:	tment of Public V	Vorks	
Organizational DUNS: 09-5863476			Division:			
Address: Street:					son to be contacted on matters	
1052 Tata Lane			Involving this application (give area code)  Prefix: First Name:			
City: South Lake Tahoe			Mr. Middle Name	Rick	ECEIVED	
County: El Dorado		1	Last Name Jenkins		EB 1 3 2008	
State: California	Zip Code 96150		Suffix;	-		
Country;	96150		Emall:	STAT	E CLEARING HOUSE	
USA	N. M. Maron de N. M.		rjenkins@clty	Orait.ue	WORKS	
6. EMPLOYER IDENTIFICATIO			Phone Number (give	area code)	Fax Number (give area code)	
9 4-1610888 8. TYPE OF APPLICATION:			(530) 542-6182	SAUT- (Dea bad	(530) 544-6366 of form for Application Types)	
8. TYPE OF APPLICATION:	Continuatio	n 🔲 Rovision	5 5 8	ANT: (See Dace	corrorm for Application Types)	
If Revision, enter appropriate left (See back of form for description	er(s) in box(es)	n [] Revision	C, Municipal Other (specify)			
Other (specify)		L	9. NAME OF FEDER			
10, CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
TITLE (Name of Program): Airport Improvement Program  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California Engineering Design and Environmental Study (Cat Ex) - Rehabilitation of Runway 18-36  Obstruction Removal Reimbureement			
South Lake Tahoe; El Dorado	County; Douglas City, N	evada			4	
13. PROPOSED PROJECT	TE-di Date:	• • • • • • • • • • • • • • • • • • •	14. CONGRESSION	IAL DISTRICTS	OF:  b. Project	
Start Dale: 2008	Ending Date: 2008		a. Applicant 14		14	
15. ESTIMATED FUNDING:				****	REVIEW BY STATE EXECUTIVE	
a. Federal \$		602,300	a. Yes. AVAILA	REAPPLICATION BLE TO THE ST	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		16,642	PROCE	SS FOR REVIEV	VON	
c. State \$		15,058		February 15, 200		
d. Local \$		, ou	b. No. I PROGR	AM IS NOT COV	ERED BY E. O. 12372	
e. Other \$		,od	FOR RE	VIEW	T BEEN SELECTED BY STATE	
f. Program Income \$			17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		634,000	Yes If "Yes" atta			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF</b>	THE APPLICANT AN	D THE APPLICA	NT WILL COMPLY WITH THE	
B. Authorized Representative Prefix Mr.	First Name		Midd	le Name		
Last Name	Kick		Suffi	(		
Angelocal b. Title				c. Telephone Number (give area code)		
Assistant City Manager d. Signature of Authoritied Repre		e. Da	) 542-6048 Ite Signed	•		
Previous Edition Usable	lini			2.13.08	Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction Prescribed by OMB Circular A-102						

Application for Federal Assistance SF-424 Version 02					
*1. Type of Submission:	1. Type of Submission: *2. Type of Application * If Revision, select appropriate letter(s)				
☐ Preapplication	⊠ Ne	w		And the second s	
	□ Co	ntinuation	*Other (Specify)	RECEIVED	
Changed/Corrected Applicat	ion 🛮 🗆 Rev	rision		FEB 1 3 2008	
3. Date Received:		nt Identifier: /A		STATE CLEARING HOUSE	
5a. Federal Entity Identifier: N/A			*5b. Federal Award Identifier: None		
State Use Only:					
6. Date Received by State:		7. State Ap	plication Identifier:		
8. APPLICANT INFORMATION	:			·	
*a. Legal Name: North Coast S	tand Down				
*b. Employer/Taxpayer Identifica 03-0601842	ation Number (	EIN/TIN):	*c. Organizational DUNS: 796378706		
d. Address:					
*Street 1: PO B	ox 1012				
Street 2:				•	
*City: <u>Arcat</u>	a				
County: <u>Humb</u>	ooldt		_		
*State: <u>CA</u>					
Province:		<del></del>			
*Country: <u>USA</u>			9		
*Zip / Postal Code 95518	8-1012				
e. Organizational Unit:					
Department Name:			Division Name:	¥	
N/A			N/A		
			ted on matters involving this appli	cation:	
Prefix:  Middle Name:		rirst Name: <u>k</u>	<u>Kim</u>		
*Last Name: Hall					
Suffix:					
Title: VP/ Executive	Director				
Organizational Affiliation: North Coast Stand Down					
*Telephone Number: (707) 826-6197 Fax Number: (707) 826-6218					
*Email: Director@northcoaststanddown.org					

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu	-
Type of Applicant 2: Select Applicant Type:	RECEIVED
Type of Applicant 3: Select Applicant Type:	FEB 1 3 2008
*Other (Specify)	STATE CLEARING HOUSE
*10 Name of Federal Agency:  Veterans' Employment and Training Service (VETS), Labor	
11. Catalog of Federal Domestic Assistance Number:	
N/A	
CFDA Title:	
*12 Funding Opportunity Number:	
<u>N/A</u>	
*Title:	
FY 2008 Stand Down Requests	
,	
13. Competition Identification Number:	
<u>N/A</u>	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Arcata, Benbow, Blue Lake, Burnt Ranch, Crescent City, Eureka, Fernbridge, F Garberville, Hoopa, Klamath, Laytonville, Loleta, Manilla, McKinleyville, Orick, Creek; Located in Del Norte, Humboldt, Mendocino, and Trinity Counties, Calif	Rio Dell, Samoa, Scotia, Trinidad, Willow
Creek, Localed in Del Norle, Humboldt, Wendocino, and Trinity Counties, Calif	Offing.
*15. Descriptive Title of Applicant's Project:	**************************************
A three-day Stand Down event to assist homeless veterans with reintegration to soc	iety.

	OMB Number: 4040-000 Expiration Date: 01/31/200
Application for Federal Assistance SF-424	Version 02
16. Congressional Districts Of:  *a. Applicant: CA-001	*b. Program/Project: CA-001, CA-002
17. Proposed Project:  *a. Start Date: 6/27/08	*b. End Date: 6/29/08
18. Estimated Funding (\$):	
*a. Federal 10,000  *b. Applicant  *c. State 3,000  *d. Local 2,000  *e. Other  *f. Program Income  *g. TOTAL	RECEIVED FEB 1 3 2008 STATE CLEARING HOUSE
*19. Is Application Subject to Review By State Under Executive  ☑ a. This application was made available to the State under the Explored by E. Program is subject to E.O. 12372 but has not been selected by □ c. Program is not covered by E. O. 12372	xecutive Order 12372 Process for review on 2/13/08
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes"	", provide explanation.)
21. *By signing this application,   certify (1) to the statements contain herein are true, complete and accurate to the best of my knowledge, with any resulting terms if I accept an award. I am aware that any farme to criminal, civii, or administrative penalties. (U. S. Code, Title 21 AGREE  ** The list of certifications and assurances, or an internet site where agency specific instructions	I also provide the required assurances** and agree to comply lse, fictitious, or fraudulent statements or claims may subject 18, Section 1001)
Authorized Representative:	
Prefix: *First Name:    Middle Name: *Last Name: Hall Suffix:	Kim
*Title: Executive Director	
*Telephone Number: (707) 826-6197	Fax Number: (707) 826-6218
* Email: Director@northcoaststanddown	
*Signature of Authorized Representative:	*Date Signed: 2/13/08

Street2:

County: Los Angeles

\* Country: JNITED ST

Fax Number: 310-206-5668

Street1:

Province:

\* City: Los Angeles

\* Phone Number: 310-825-8528

475 Portola Plaza

OMB Number: 4040-0001 Expiration Date: 04/30/2008

\* State: CA: Californ

\* Email: born@physics.ucla.edu

\* ZIP / Postal Code: 90095-1547

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE					Page 2	
16. ESTIMATED PROJECT FUNDING			ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE	
a. * Total Estimated Project Funding 65,000.00		a.	YES THIS PREA	APPLICATION/	PPLICATION WAS MADE TE EXECUTIVE ORDER 12372	
b. * Total Federal & Non-Federal Funds	65,000.00		PROCESS	FOR REVIEW	ON:	
c. * Estimated Program Income	0.00		ATE: 02/13/2008			
		b.	NO PROGRAM	IS NOT COV	RED BY E.O. 12372; OR	
			PROGRAM REVIEW	HAS NOT BE	EN SELECTED BY STATE FOR	
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements of claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)  2 * I agree  * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement of agency specific instructions.					and agree to comply with any or claims may subject me to	
19. Authorized Representative					1	
Prefix: * First Name:	N	Middle Name:		* Last Name:	Sulfix:	
Ms. Kristin				Lund		
* Position/Title: Grant Analyst		* Organization:	The Regents of the	University of C	allornia	
Department: Office of Contract & G	rant Adm	Division:	UCLA			
* Street1: 11000 Kinross Avenue	, Suite 102	Street2:				
* City: Los Angeles	Cour	nty: Los Angeles		• State	CA: Califor	
Province:		Country: JNITED	ST 2IP / Postal	Code: 90095	1406	
• Phone Number: 310-794-0171	Fax	Number: 310-794	-0631	• Email:	klund@resadmin.ucla.edu	
* Signature of Authorized Representative				٠.	ate Signed	
Completed on submis	v	C	ompleted on s	ipmission to Grants.gov		
20. Pre-application				nemnostiA bb.	e for months of form	
21. Attach an additional list of Proje	21. Attach an additional list of Project Congressional Districts if needed.					
	Add Altach	ment (correcto	property Spring Spring	(*i + l		

Application for Federal Assistance SF-424 Version 02					
Preapplication New	If Revision, select appropriate letter(s):  Other (Specify)				
* 3. Date Received:  Completed by Grants.gov upon submission.  4. Applicant Identifier:					
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:				
State Use Only:	RECEIVED				
6. Date Received by State: 7. State Application k	Identifier: FEB 1 4 2008				
8. APPLICANT INFORMATION:	OTATE OF CADING HOUSE				
*a. Legal Name: Santa Cruz Community Credit Union	STATE CLEARING HOUSE				
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942407726	* c. Organizational DUNS:				
d. Address:					
* Street1: 324 Front Street  Street2:   * City: Santa Cruz  County: Santa Cruz  * State: CA  Province:	Santa Cruz Santa Cruz				
* Country:	USA: UNITED STATES				
* Zip / Postal Code: 95060					
e. Organizational Unit:					
Department Name:	Division Name:				
f. Name and contact information of person to be contacted on ma					
Prefix: * First Name:  Middle Name:	Ellen				
* Last Name: Murtha	Murtha				
Suffix:					
Title: Program Manager					
Organizational Affiliation:					
*Telephone Number: 831-460-2345 Fax Number: 831-426-6669					
* Email: emurtha@scruzccu.org					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:  M  Type of Applicant 2: Select Applicant Type:  N  Type of Applicant 3: Select Applicant Type:  * Other (specify):	
* 10. Name of Federal Agency:  Department of Health and Human Services	
11. Catalog of Federal Domestic Assistance Number:  93.570  CFDA Title:  Community Services Block Grant Training and Technical Assistance: Earned Income Tax Credit  * 12. Funding Opportunity Number:	
HHS-2008-ACF-OCS-ET-0086  *Title:  Community Services Block Grant Training and Technical Assistance: Earned Income Tax Credit and Other Asset Formation Opportunities	
13. Competition Identification Number:  Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):  Santa Cruz and Monterey Counties	
*15. Descriptive Title of Applicant's Project:  Financial Literacy, Free Tax Preparation and Asset Building Program for Santa Cruz and Monterey Counties	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424	Version 02					
16. Congressional Districts Of:						
* a. Applicant CA-017 * b. Program/Project CA-017, CA-014						
Attach an additional list of Program/Project Congressional Districts if needed.						
17. Proposed Project:						
* a. Start Date: 9/1/08						
18. Estimated Funding (\$):						
*a. Federal \$50,000.00						
* b. Applicant \$39,402.50						
* c. State						
* d. Local						
*e. Olher \$6,500.00						
* f. Program Income						
*g. TOTAL \$95,902.50						
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?						
a. This application was made available to the State under the Executive Order 12372 Process for review on 2/14/08.	ļ					
b. Program is subject to E.O. 12372 but has not been selected by the State for review.						
c. Program is not covered by E.O. 12372.						
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)						
☐ Yes						
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)						
✓ ** I AGREE						
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.						
Authorized Representative:						
Prefix: * First Name: Sheila						
Middle Name:						
* Last Name: Schat						
Suffix:						
*Title: Director of Community Development and Outreach						
* Telephone Number: 831-460-2342 Fax Number: 831-426-6669						
* Email: sheilas@scruzccu.org						
* Signature of Authorized Representative: Completed by Grants gov upon submission. Date Signed: Completed by Grants.gov upon submission.	2/14/08					
Authorized for Local Reproduction Standard Form 424 (R	- 1 (0/2005)					

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED		Applicant Identifier F. Gibou - Record #20091034	
SF 424 (R&R)	3. DATE REC	EIVED BY STATE	State Application Identifier	
1. TYPE OF SUBMISSION				
Pre-application  Application	4. Federal Id	entifler		
Changed/Corrected Application				
5. APPLICANT INFORMATION		* Organizational Di	UNS: 094878394	
* Legal Name: The Regents of the University of Californ	nla			
Department: Office of Research	Division: S	ponsored Projects Office		
Street1: 3227 Cheadle Hall	Street2: U	Iniversity of California		
* City: Santa Barbara Cou	nty: Santa Bart	bara	State: CA: CaMECEIVED	
Province:	Country: JNIT	ED ST ZIP / Postal Code: 931	06-2050 FFB 1 5 2008	
Person to be contacted on metters involving this applicate Prefix: * First Name:  Ms. Lynne  * Phone Number: (805) 893-5687	Middle Name:	Van D	Name: STATE CLEARING HOUSE er Kamp mail: van@research.ucsb.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN);		7. * TYPE OF APPLICANT:		
95-6006145W		H; Public/State Controlled Institution of Higher Education		
8.* TYPE OF APPLICATION: V New		Other (Specify):		
Resubmission Renewal Continuation F	Revision	Women Owned Small	Business Organization Type  Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGEN	ICY:	
A. Increase Award	rease Duration	Chicago Service Center		
D, Decrease Duration i E. Other (specify)		10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NUMBER:	
* Is this application being submitted to other agencies?	Yes No	81.049		
What other Agencies?		TITLE: Office of Science Finan	ncial Assistance Program	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	Т:			
Multiscale Investigation and Modeling of Flow Mechanisi	ms Related to C	O2 Sequestration in Geologic For	mations	
12. * AREAS AFFECTED BY PROJECT (cities, counties Santa Barbara, CA	s, slales, etc.)			
13. PROPOSED PROJECT:	•	14. CONGRESSIONAL DISTRI	CTS OF:	
* Start Date * Ending Date	_	a. * Applicant b. * Project		
09/01/2008 08/31/2011		CA-023	CA-023	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR				
Prefix: * First Name; Prof. Frederic	Middle Name:	Last I	Name: Suffix:	
Position/Title: Assistant Professor	* Organizatio			
Department: Mechanical Engineering	Division:	University of Galifornia	, cana darata	
Street1: Engr    Bldg, Rm 2334	Street2:	University of California		
* City: Santa Barbara County: Santa Barbara * State: CA: Californ				
	F		93106-5070	
* Phone Number: (805) 893-7152 Fax Number: (805) 893-8651 * Email: fgibou@engineerIng.ucsb.edu				

OMB Number: 4040-0001

8058932611

\* Signature of Authorized Representative

Completed on submission to Grants.gov

21. Attach an additional list of Project Congressional Districts if needed.

20. Pre-application

\* Date Slaned

Completed on submission to Grants.gov

Trendration Alberta Community

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE Page 2 16. ESTIMATED PROJECT FUNDING 17. " IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. YES 🗸 THIS PREAPPLICATION/APPLICATION WAS MADE a. \* Total Estimated Project Funding 570,000.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. \* Total Federal & Non-Federal Funds 570,000.00 DATE: 02/13/2008 c. \* Estimated Program Income 0,00 PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR 18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ \* lagree \* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Prefix: \* First Name: Suffix: \* Last Name: Middle Name: M₽. Van Der Kamp \* Pasition/Title: Sponsored Projects Officer Organization: The Regents of the University of California Department: Office of Research Sponsored Projects Office Division: " Street1: 3227 Cheadle Hall Street2: University of California \* City: Santa Barbara County: Santa Barbara CA: Califori " State: Province: \* Country: | JNITED 57 \* ZIP / Postal Code: 93106-2050 \* Phone Number: (805) 893-5687 Fax Number: (805) 893-2611 van@research.ucsb.edu

Delate Attachment | View Attachment

OMB Number: 4040-0001

Migor Adjachment

FEB 15 2008 8:48 AM FR UCLA RESE	ARCH ADMIN107940631 TO 819163233018 P.0
2. DATE SUB	
APPLICATION FOR FEDERAL ASSISTANCE	
SF 424 (R&R) 3. DATE REC	CEIVED BY STATE State Application Identifier
1. TYPE OF SUBMISSION 4. Federal Id	Anntifiar
Constanting (2) Application	ER40862 (Supplement)
5. APPLICANT INFORMATION	Organizational DUNS: 092530369
Legal Name: The Regents of the University of California	ED 15 2000
Department: Office of Contract & Grant Adm Division:	UCLA FEB 1 5 2008
* Street1: 11000 Kinross Avenue, Suite 102 Street2:	STATE CLEARING HOUSE
* City: Los Angeles County: Los Angel	N. Salaran and Sal
Province: Country: JNIT	TED S1 * ZIP / Postal Code: 90095-1406
Person to be contacted on matters involving this application	Suffer
Prefix: First Name: Middle Name:	* Last Name: Suffix:
Ms. Kristin	
• Phone Number: 310-794-0171 Fax Number: 31	10-943-1656 Email: doe@resadmin.ucla.edu
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN);	7. TYPE OF APPLICANT:
956006143	H: Public/State Controlled Institution of Higher Education
8. TYPE OF APPLICATION: New	Other (Specify):
Resubmission Renewal Continuation Revision	Small Business Organization Type  Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).	9. * NAME OF FEDERAL AGENCY:
A. Increase Award	Chicago Service Center
D. Decrease Ouration E. Other (specify)	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
"Is this application being submitted to other agencies? Yes No	81.049
What other Agencies?	TITLE: Office of Science Financial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
Experimental and Theoretical High Energy Physics Research at UCLA -	- Task C
12. * AREAS AFFECTED BY PROJECT (citles, counties, states, etc.) Los Angeles, CA	
13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICTS OF:
* Start Date * Ending Date	a. * Applicant b. * Project
01/15/2008 01/14/2009	CA-030 CA-030
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INF Prefix: First Name: Middle Name:	FORMATION Last Name: Suffix:
Prof. Zvi	Bern
Position/Title: Professor of Physics • Organizati	tion Name: The Regents of the University of California
Department: Physics and Astronomy Division:	UCLA
* Street1: 475 Portola Plaza Street2:	
* City: Los Angeles County: Los Angel	les * State: CA: Califori
Province: Country: JNIT	TED ST * ZIP / Postal Code: 90095-1547
Phone Number: 310-825-8528 Fax Number: 310	0-206-5668 Email: bern@physics.ucla.edu

OMB Number: 4040-0001

16, ESTIMATED PROJE	CT FUNDING					ATION SUB 72 PROCES		EVIEW 8	Y STATE E	XECUTIVE
. * Total Estimated Proje . * Total Federal & Non-F	•	65,000.00 65,000.00			PRO	S PREAPPL AILABLE TO DCESS FOR	THE STAT	EXECU	ON WAS N TIVE ORDE	IADE R 12372
. ▼ Estimated Program Ir	ncome	0.00		b. NO	PRO	OGRAM IS I OGRAM HAI VIEW				
18. By signing this applitue, complete and resulting terms if I criminal, civil, or accommunity in I ag	accurate to ( accept an aw dministrative gree	the best of my k ard. I am aware penalties. (U.S.	nowledge that any f Code, Tit	i, I also prov false, fictitio le 18, Sectio	ide the rec us, or frau n 1001)	quired assi idulent stat	ifances " a Diments of	nd agree claims m	to comply ay subject	with any me to
true, complete and resulting terms if I criminal, civil, or ac	accurate to accept an aw accept an aw dministrative gree and assurances entative	the best of my k ard. I am aware penalties. (U.S.	nowledge that any f Code, Tit	o, I also provialse, fictific false, fictific file 18, Section	ide the rec us, or frau n 1001)	quired assidulent stat	ifances " a Diments of	nd agree claims m	to comply ay subject	with any me to
true, complete and resulting terms if I criminal, civil, or actions.  *The list of certifications  18. Authorized Representations  Prefix: *First Name	accurate to accept an aw accept an aw dministrative gree and assurances entative	the best of my k ard. I am aware penalties. (U.S.	nowledge that any f Code, Tit	o, I also provialse, fictific false, fictific file 18, Section	ide the rec us, or frau n 1001)	quired assidulent stat	ornants or neement or a	nd agree claims m	to comply ay subject	with any me to
true, complete and resulting terms if is criminal, civil, or activity of a lag *The list of certifications*  18 Authorized Representations*  Prefix: *First Name  Kristin	accurate to accept an aw deministrative gree and assurances entative e:	the best of my k ard. I am aware penalties. (U.S.	nowledge that any i Code, Tit here you me Middle Na	I. I also prov false, fictitio ile 18, Sectio by obtain this lis	ide the rec us, or frau n 1001)	quired ass tate the lubi	ifances * a orments or neement or a ast Name:	nd agree claims if	to comply ay subject	with any me to
true, complete and regulting terms if I criminal, civil, or activitions  'The list of certifications  19. Authorized Repress Prefix: First Name  Kristin  Position/Title: Grant A	accurate to accept an aw deministrative gree and assurances entative e:	the best of my k ard. I am aware penalties. (U.S. , or an Internet site w	nowledge that any i Code, Tit here you me Middle Na	a. I also provides, fictitio ile 18, Section py obtain this lister.  ame:	ide the rec us, or frau n 1001)	quired assidulent stat	ifances * a orments or neement or a ast Name:	nd agree claims if	to comply ay subject	with any me to
true, complete and regulting terms if is criminal, civil, or ac vince in the last of certifications  19. Authorized Representations  Prefix: First Name  Kristin  Position/Title: Grant A  Department: Office c	accurate to a scopt an aw dministrative gree and assurances entative e:	the best of my k ard. I am aware penalties. (U.S. , or an inferret aike w	nowledge that any 1 Code, Tit here you me Middle Na	ame:	ide the rec us, or frau n 1001) i, is contained	quired assidulent stat	ifances * a orments or neement or a ast Name:	nd agree claims if	to comply ay subject	with any me to
true, complete and regulting terms if is criminal, civil, or ac vince in the last of certifications  19. Authorized Representations  Prefix: First Name  Kristin  Position/Title: Grant A  Department: Office c	accurate to accept an aw deministrative gree and assurances entative e:	the best of my k ard. I am aware penalties. (U.S. , or an Internet aite w  Grant Adm e, Suite 102	Middle Na  Org  Divisi	ame:	ide the rec us, or frau n 1001) i, is contained	quired assidulent stat	ifances * a orments or neement or a ast Name:	nd agree claims m	to comply ay subject	with any me to
true, complete and regulting terms if I criminal, civil, or acriminal, civil, or acriminal criminal civil, or acriminal civil,	accurate to accept an aw deministrative gree and assurances entative e:	the best of my k ard. I am aware penalties. (U.S. , or an inferret aite w Grant Adm e, Suite 102	Middle Na  Org  Divisi	a. I also provide a la l	ide the recus, or fraunt 1001)  I, is contained the Regents  CLA	quired assidulent stat	rances " a priments or encement or encemen	fornia  CA: Ca	to comply ay subject	with any me to

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

Add Attachment

Application for Federal Assistance SF-424 Version 0								
* 1. Type of Submiss	sion:	* 2. Type of Application:	* 1	f Revision, select appropriate letter(s):				
Preapplication		✓ New						
✓ Application		Continuation	* (	Other (Specify)				
Changed/Correcte	ed Application	Revision						
* 3. Date Received:		4. Applicant Identifier:		And the state of t		D. D		
Completed by Grants.gov	upon submission.		110777711			propositional at the week		
5a. Federal Entity Ide	entifier:			* 5b. Federal Award Identifier:	WIED.			
					DECEIVED			
State Use Only:					RECEIVED			
6. Date Received by	State:	7. State Applica	ation lo	dentifier:	TED 2	E		
8. APPLICANT INFO	ORMATION:				STATE CLEARING HOUS	ال		
* a. Legal Name: C.	ALIFORNIA/NEVA	DA COMMUNTIY ACTION	PAR	TNERSHIP				
* b. Employer/Taxpa	yer Identification N	lumber (EIN/TIN):		* c. Organizational DUNS:	autocodiging concession to the international properties and international conference and the second contract of the contract o	200000000000000000000000000000000000000		
94-2392452				032139768				
d. Address:		CONTROL COSCOLUTION DE LE PRODUCTION DE LE PROPERTIE DE LA COSCOLUTION DEL COSCOLUTION DE LA COSCOLUTI	en e	OTTO PARTE INNET ENDOGROUND AND COLOR AND ALL ENDERS OF THE STANDARD PROPERTY OF A STANDARD PROPERTY OF THE STANDARD PROP	есто в в до и по в посто по по в под посто в под	***************************************		
* Street1:	225 30TH STREE	ET, SUITE 200		en de la constitución de la cons	THE RESIDENCE OF THE PROPERTY	MICROSONIA MARCINI PARTICI		
Street2:					No. of Square Bases and			
* City:	SACRAMENTO							
County:								
* State:				CA: California				
Province:								
* Country:			US.	A: UNITED STATES				
* Zip / Postal Code:	95816							
e. Organizational U	Jnit:							
Department Name:				Dívision Name:				
f. Name and contact information of person to be contacted on matters involving this application:								
Prefix: Mr.	011111111111111111111111111111111111111	* First N	lame:	TIM				
Middle Name: F.	***************************************							
* Last Name: REE	SE							
Suffix:								
Title: EXECUTIVE [	DIRECTOR							
Organizational Affiliation:								
* Telephone Number:	* Telephone Number: 916.443.1721 Fax Number: 916.325.2549							
* Email: TREESE@CAL-NEVA.ORG								

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
X: Other (specify)	
Type of Applicant 2: Select Applicant Type:	_
Type of Applicant 3: Select Applicant Type:	
Type of Applicant 5. Gelect Applicant Type.	7
* Other (specify):	
NOT FOR PROFIT 501(C)4	
* 10. Name of Federal Agency:	
Administration for Children and Families	ggganting or
11. Catalog of Federal Domestic Assistance Number:	
93.570	
CFDA Title:	
Community Services Block Grant_Discretionary Awards	
* 12. Funding Opportunity Number:	
HHS-2008-ACF-OCS-ET-0086	
* Title:	
Community Services Block Grant (CSBG) Training and Technical Assistance (T/TA) Program: Earned Income Tax Credit (EITC) and Other Asset Formation Opportunities	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
STATE OF CALIFORNIA	
* 15. Descriptive Title of Applicant's Project:	
CASH (cOMMUNITY ACTION SHARING HOPE) EITC/ASSET BUILDING STATEWIDE CAMPAIGN - AKA. CASH CAMPAIGN	
	•
	yangandi. Kabanda di mada da kabanda di mada da kabanda da kabanda da kabanda da kabanda da kabanda da kabanda
Attach supporting documents as specified in agency instructions.	
Add Attachments   Delete Attachments   View Attachments	

Application (	or Federal Assistan	ce SF-424						Version 02
16. Congressional Districts Of:								
* a. Applicant	CA-ALL			* b. Progi	ram/Project	CA-ALL		
Attach an additional list of Program/Project Congressional Districts if needed.								
Add Attachment Delaie Attachment View Attachment								
17. Proposed Project:								
* a. Start Date:	09/29/2008			* t	b. End Date:	09/28/2009	NAUDAWA	
18. Estimated Funding (\$):								
* a. Federal		50,000.00						
* b. Applicant		0.00						
* c. State		0.00						
* d. Local		0.00						
* e. Other		0.00						
* f. Program Inco	ome	0.00						
* g. TOTAL		50,000.00						
* 19. is Application Subject to Review By State Under Executive Order 12372 Process?  a. This application was made available to the State under the Executive Order 12372 Process for review on  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.  * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  Yes  No  Explanation  21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims								
may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)								
✓ ** I AGREE								
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.								
Authorized Representative:								
Prefix:	Mr.	* First Name:	TIM		-		200000000000000000000000000000000000000	
Middle Name:	F.							
* Last Name:	REESE				,			
Suffix:								
* Title: EXECU	TIVE DIRECTOR							
* Telephone Number: 916.443.1721 Fax Number: 916.325.2549								
* Email: TREESE@CAL-NEVA.ORG								
* Signature of Au	thorized Representative:	Completed by Grants.gov upon su	ıbmission.	* Date Signe	d: Completed	l by Grants.gov upon	submission.	ATTICLE OF THE PARTY OF THE PAR